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**Notice of Independent Medical Review Decision  
Reviewer's Report**

**DATE OF REVIEW:** August 31, 2012

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

80 hours of chronic pain management program for the right hand.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

M.D., Board Certified in Family and Preventive Medicine with Sub-Specialty Certification in Occupational Medicine.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

The disputed service, 80 hours of chronic pain management program for the right hand, is not medically necessary for treatment of the patient's medical condition.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for a Review by an Independent Review Organization dated 8/9/12.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 8/10/12.
3. Notice of Assignment of Independent Review Organization dated 8/13/12.
4. Requests for Pre-Authorization dated 7/23/12 and 7/9/12.
5. Clinic notes 2/1/11.
6. Operative report.
7. Texas Workers' Compensation Work Status Reports dated 1/10/12, 11/30/11, 11/8/11, 10/5/11, 8/30/11, 6/15/11, 6/8/11, and 5/3/11.
8. Clinic notes 5/20/11.
9. Rehabilitation progress notes 9/22/11, 8/18/11, 8/10/11, and 6/28/11.
10. Clinic notes 1/10/12, 11/30/11, 11/8/11, 10/5/11, 8/30/11, 6/15/11, and 5/11/11.

11. Initial behavioral medicine consultation 10/6/11.
12. Clinic notes 4/17/12.
13. Chronic pain management interdisciplinary plan and goals of treatment 7/5/12.
14. Psychological assessment 5/16/12.
15. Individual psychotherapy notes dated 6/29/12, 6/21/12, and 6/15/12.
16. Functional capacity evaluation dated 7/5/12.
17. Assessment/evaluation for chronic pain management program dated 7/5/12.
18. Texas impairment exam report of maximum medical improvement/impairment dated 7/17/12.
19. Impairment rating 8/2/12.
20. Denial documentation dated 8/10/12, 8/1/12, and 7/12/12.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

A male patient has requested authorization for 80 hours of chronic pain management program. The URA has denied this request indicating that the requested services are not medically necessary for treatment of the patient's right hand and wrist fine motor control. The patient is status post multiple flexor tendon repairs and repair of the median and ulnar nerves in the forearm. The records indicate the patient injured his right wrist and hand while at work. The patient indicates that he gets frustrated when he cannot manipulate his hand with fine motor control and when menial tasks take him longer to complete than an average person. The patient has undergone two surgeries, physical therapy, medications, and post-operative rehabilitation. The provider has recommended the patient be treated with an initial 80 hours of a chronic pain management program.

The URA indicates that the patient is noted to have a functional capacity evaluation which documented him to be at medium physical demand level when a very heavy physical demand level was necessary. Per the URA, the patient does not appear to have significant issues that warrant a chronic pain management program. The URA states that the patient is only taking two medications, an anti-inflammatory medication and an anti-epileptic medication for neuropathic pain.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The patient's records do not support the medical necessity of the requested chronic pain management program, including 80 hours of initial outpatient services. Per the Official Disability Guidelines (ODG), a chronic pain management program is recommended "where there is access to programs with proven successful outcomes (i.e. decreased pain and medication use, improved function and return to work, and decreased utilization of the health care system), for patients with conditions that have resulted in "delayed recovery". There should be evidence that a complete diagnostic assessment has been made, with a detailed treatment plan of how to address physiologic, psychological, and sociologic components." Further, the ODG indicates that patients should show evidence of motivation to improve and return to work.

The records demonstrate that the patient is frustrated when he cannot manipulate his hand with fine motor control and when menial tasks take longer to complete than an average person. However, this complaint does not focus on pain as the major problem delaying his recovery. The records indicate the patient is progressing well clinically and does not meet the criteria for a chronic pain management program.

Therefore, I have determined the requested service, 80 hours of chronic pain management program for the right hand, is not medically necessary for treatment of the patient's medical condition.

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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)